

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	XXX	10801	10/13
O.I.P.E. CLASSIFIER		48	10/19/00
FORMALITY REVIEW		49652	11/22/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 -+ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	11/11/00
2	✓	✓	11/11/00
3	✓	✓	11/11/00
4	✓	✓	11/11/00
5	✓	✓	11/11/00
6	✓	✓	11/11/00
7	✓	✓	11/11/00
8	✓	✓	11/11/00
9	✓	✓	11/11/00
10	✓	✓	11/11/00
11	✓	✓	11/11/00
12	✓	✓	11/11/00
13	✓	✓	11/11/00
14	✓	✓	11/11/00
15	✓	✓	11/11/00
16	✓	✓	11/11/00
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18	✓	✓	11/11/00
19	✓	✓	11/11/00
20	✓	✓	11/11/00
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23	✓	✓	11/11/00
24	✓	✓	11/11/00
25	✓	✓	11/11/00
26	✓	✓	11/11/00
27	✓	✓	11/11/00
28	✓	✓	11/11/00
29	✓	✓	11/11/00
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here